

Attachment A

INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA)

This agreement is needed in order for you to receive the Enrollment Database Customized State File to ensure compliance to the requirements of the Privacy Act, and must be completed prior to the release of file.

Directions for the completion of the agreement follow:

- **First paragraph, enter the Name of the State Agency.**
- **Item #1, enter the Name of the State Agency.**
- **Item #4, enter the Custodian Name, State Agency Department/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. This section should be completed even if the Custodian and Requestor are the same.**
- **Item #18 is to be completed by Requestor.**
- **Item #19 is to be completed by Custodian.**
- **Item #20 will be completed by the HCFA representative.**

If you have any questions about the DUA or need any assistance completing the DUA, please contact

Kim Elmo on (410) 786-0161. Submit the original signed DUA and request letter to:

Allen Zendell
S3-18-13
7500 Security Boulevard
Baltimore, MD 21244-1850